MATERIAL SAFETY DATA SHEET

				•	
	SECTION I - MANUFACTURE	R'S INFORMATION		Center	
	New	meg Technologies, I . Box 309 Haven, CT 06513 -777-7691	inc.	cords Cen	
	Emergency Telephone No.:	203-674-3456 or Lo	cal Poisind	ex Facility	50
	Product Name: 7D-24			pun	1 2
	Chemical Name and Synonym	s: N/A		erf	- - -
	Trade Name and Synonyms:	Fuel Oil Additive	7D-24	Superfun	SITE:
	Chemical Family: N/A				
	SECTION II - HAZARDOUS Listed Bel	INGREDIENTS ow X Not Appl	icable		
,	Component Highly Aromatic Naptha	CAS No. 64742-06-9	Percent 84.24	Hazord TLV=103gpm	
_	Tetrachlorethylene	127-18-4	2.35	TLV= 50ppm	
	Dipropylene Glycol Monomethyl Ether	34590-94-8	1.18	TLV=100ppm	

SECTION III - PHYSICAL DATA

Boiling Point (deg. F) 357 deg. F

Vapor Pressure (mmHg): lmm

Vapor Density (Air=1):

pH of Undiluted Product: N/A

pH (1% Aqueous Solution): N/A

Appearance and Odor: Dark amber with solvent odor

FIRE AND EXPLOSION DATA

Listed Below X

Not Applicable

SEMS Docto

Percent Volatile by Volume: 94%

Solubility in Water: 1% by vol.

639820

Flash Point (Method Used): 130 deg. F. Closed Cup

Flammable Limits:

Lower:

0.08%

Upper: 6.0%

Specific Gravity: 0.93

Extinguishing Media: CO2, foam, dry chemical, water spray or fog.

pecial Fire Fighting Procedures: Use air-supplied breathing equipment or enclosed area. Cool exposed containers with water spray. Avoid breathing vapor or fumes.

Unusual Fire & Explosion Hazards: Do not store or mix with strong oxidants.

Products evolved when subject to heat or combustion: Carbon monoxide in the case of incomplete combustion.

SECTION V - HEALTH HAZARD DATA Listed Below X Not Ap

Not Applicable

Threshold Limit Value: Recommended exposure limit is 100 ppm for 8 hour workday.

Effects of Overexposure: Inhalation of high vapor concentrations may have results ranging from dizziness and headaches to unconsciousness. Prolonged or repeated liquid contact with the skin will dry and defat the skin leading to irritation and dermatitis.

Emergency & First Aid Procedures: EYES: Flush with water for 15 minutes or until irritation subsides. SKIN: Remove any contaminated clothing, and wash skin with soap and warm water. INGESTION: Do NOT induce vomiting - call a physician immediately. INHALATION: If overcome by vapor, remove from exposure immediately; call a physician. If breath is irregular or stopped, start resuscitation, administer oxygen.

Note to Physician: None

Chronic Effects of Overexposure: The finding toxic effects of tetrachloroethylene in laboratory animals may indicate toxicity to humans. Overexposure should be avoided, failure to do so could result in injury, illness or even death. Tetrachloroethylene has caused liver and kidney toxic effects in chronically overexposed experimental animals.

Other Health Hazards: Carcinogenicity: Three studies have been conducted to assess the carcinogenic potential of tetrachloroethylene in laboratory animals. In one study, rats and mice were exposed by gavage (force-fed) at levels of 500 and 1000 mg/kg/day. Increased incidence of liver tumors were observed in mice. The results of the rate study were inconclusive due to an excess in animal deaths. The second study involved rats exposed to concentrations up to 600 ppm via inhalation, six hours per day, 5 days per week for one year. The animals were observed until the time of death or until the 31st month and studies indicate no statistically significant increase in tumors. The significance of the second study has been questioned, since exposure lasted for only one year. A third study conducted for the National Toxicology Program (NTP) involved exposure of mice to 100 or 200 ppm and rate to 200 and 400 ppm for six hours per day,

5 days per week for 2 years. Increased incidence of liver tumors were observed in mice. In rats an increase in a rare kidney tumor was observed in the male rat, and both males and females had an increased incidence of mononuclear cell leukemia.

The International Agency for Cancer Research considers liver tumors in mice as limited evidence of animal carcinogenicity. Epidemiologic studies have been inconclusive in determining whether tetrachloroethylene causes cancer in humans.

Tetrachloroethylene has been identified as an animal carcinogen by NTP, but is not listed on the IARC, OSHA or NTP, carcinogen lists, as of September 30, 1986.

Reproductive Toxicity: Studies on mice, rats and rabbits have been conducted to evaluate the potential effects of tetrachloroethylene may have on reproduction and offspring of laboratory animals. Tetrachloroethylene has been found to be embryotoxic and has caused delays in the development of fetuses. Tetrachloroethylene has not caused teratogenic (birth defect) effects in experimental animals.

SECTION VI - REACTIVITY DATA

Stability: Stable X Unstable

Conditions to avoid: None

Incompatability (materials to avoid): strong oxidants: liquid chlorine, concentrated oxygen, sodium or calcium hypochlorite.

Hazardous Combustion or Decomposition Products: Fumes, smoke and carbon monoxide in the case of incomplete combustion.

Hazardous Polymerization: May occur Will not occur X

Conditions to avoid: None

SECTION VII - SPILL, LEAK AND WASTE DISPOSAL PROCEDURES

Steps to be taken in case material is released or spilled: Remove all ignition sources. Keep people away. Recover free liquid. Add absorbent (sand, earth, sawdust, etc.) to spill area. Avoid breathing vapors. Ventilate confined spaces. Open all windows and doors. Keep petroleum products out of sewers and watercourses by diking or impounding. Advise authorities if product has entered or may enter sewers, watercourses or extensive land areas.

aste Disposal Methods: Assure conformity with applicable disposal segulations. Dispose of absorbed material at an approved disposal site or facility.

SECTION VIII - SPECIAL PROTECTION INFORMATION

Respiratory Protection: Use hydrocarbon vapor canistor or supplied-air respiratory protection in confined or enclosed spaces if needed.

Ventilation:

Local Exhaust: Face velocity >60 FPM

Mechanical: Use explosion-proof equipment

Special: Use only with adequate ventilation*

Other: No smoking or open ignition sources

Protective Clothing: Use chemical-resistant apron or other clothing if needed to avoid repeated or prolonged skin contact.

Protective Gloves: Chemical resistant gloves

Eye Protection: Use goggles and/or face shield

Other Protective Equipment: None

SECTION IX - SPECIAL PRECAUTIONS AND COMMENTS

Precautions to be taken in handling and storage: Keep container closed when not in use. Do not handle or store near heat, sparks, flame or strong oxidants. Adequate* ventilation required.
*Adequate means equivalent to outdoors.

Other Precautions: Avoid breathing vapors. Avoid prolonged or repeated skin contact. Remove contaminated clothing, launder before reuse. Wash skin thoroughly after skin contact.

SECTION X - ADDITIONAL INFORMATION N/A

SECTION XI - TRANSPORTATION

D.O.T. Classification: Combustible Liquid, NOS, NA1993

SECTION XII - MANUFACTURER'S STATEMENT

This Material Safety Data Sheet has been prepared in accordance with 29 CFR Part 1910.1200. It contains information that we believe to be true and complete at the date of preparation. However, no warranty is expressed or implied. Advice given under "Waste Disposal" assumes compliance with Federal, State and Local regulations regarding the disposal of hazardous waste.

June 2, 1987

Disposal Site Name: Ameacon Heady	Site Permit No.: N 17
Date Accepted: 5/25/25 Date Disposed: 5/2	 .
1. Waste:	,
as Source: A MC - (C). Har color,	
b. Name: WHLT OIL- PLIAT	
c. Type(s): 73	
d. Amount: D & Jruit	
e. Number And Types Of Containers: POIL - (FR	- -
f. Form (Liquid, Sludge, Gas):	
g. pH:	
h. Composition (% By Weight Or Volume): extincte	50% ord 50% part
2. Waste Hauler:	. /
a. Name: Toric - Accept of Rit.	R.I. License No.: NA
b. Pick-up: Date: 5/25/75 Time: 8:00	Location: Courty
C. Vehicle Registration No.:	State:
%d. Driver's Name:	
e. Driver's Signature:	
3. Waste Generator:	
a. Name: American Hreschit	
o. Address: Control F. I.	
c. Contact Person: d. T	elephone No.:
e. Process Producing Waste:	
4. I, TOP Chill, the operator (Print Name)	For Department Use Only
of the above named industrial waste disposal site	Cate Received: 2110 475
declare that the above information is true and correct.	iy:S"]
Signature: 12 Moderato	
inte: 5/25/78	

RHODE ISLAND DEPARTMENT OF HEALTH INDUSTRIAL WASTE MANIFEST

Indust Dispos	ial Site Name: American Hackt	ite Permit No.: NA
Date A	ccepted: 5/25/27 Date Disposed: 5/2.	· •
l. Wa		•
ټه	source: American Hirecolor,	
b.	Name: WALT al-PriAT	
c.	Type(s): 73	
a.	Amount: 25 drum5	
e.	Number And Types Of Containers: DOIL -OFF	
f.	Form (Liquid, Sludge, Gas):	
5.	рн:	
h.	Composition (% By Weight Or Volume): extinte	50% ord 50% part
	te Hauler:	,
۵.	Name: Trum- Away OF PLI R	.I. License No.: NA
ъ.	Pick-up: Date: 5/25/78 Time: 8:00	Tourism Cherry
٠.	rick-up; bate; of 70 rime; o.	weation: Courty
	Vehicle Registration No.:	State:
<°∙		/
< ^{c.} γα.	Vehicle Registration No.:	/
<e. td="" γd.="" ∧e.<=""><td>Vehicle Registration No.: Driver's Name:</td><td>/</td></e.>	Vehicle Registration No.: Driver's Name:	/
√c. √d. ∧e.	Vehicle Registration No.: Driver's Name: Driver's Signature:	/
	Vehicle Registration No.: Driver's Name: Driver's Signature: te Generator:	/
	Vehicle Registration No.: Driver's Name: Driver's Signature: te Generator: Name: American Hoeshor Address: Carefy R.E.	/
 ✓ c. ✓ d. ✓ e. b. c. 	Vehicle Registration No.: Driver's Name: Driver's Signature: te Generator: Neme: American Hershy Address: Carchy F.I. Contact Person: Process Producing Waste:	State:
 ✓ c. ✓ d. ✓ e. b. c. 	Vehicle Registration No.: Driver's Name: Driver's Signature: te Generator: Neme: American Hershy Address: Carchy R.I. Contact Person: Process Producing Waste: INDURICAL, the operator	State:
%c. %d. %e. %as: a. b. c. e.	Vehicle Registration No.: Driver's Name: Driver's Signature: te Generator: Name: American Hershr Address: Carchy R. E. Contact Person: Process Producing Waste:	State:
%c. %d. %e. 3. Was: a. b. c. e.	Vehicle Registration No.: Driver's Name: Driver's Signature: te Generator: Name: Amcrician Herschr Address: Circly R.I. Contact Person: Process Producing Waste: (Print Name)	State: clephone No.: For Department Use Only
%c. %d. %e. %. %. %. %. %. %. %. %. %. %. %. %. %.	Vehicle Registration No.: Driver's Name: Driver's Signature: te Generator: Name: Ancrician Hershy Address: Circhy K.I. Contact Person: d. To Process Producing Waste: (Print Name) the above named industrial waste disposal site	State: clephone No.: For Department Use Only Cate Received: 7 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c. 7d. 7d. 8. Was a. b. c. e. I, dec: Sign	Vehicle Registration No.: Driver's Name: Driver's Signature: te Generator: Neme: Amcrician Herschip Address: Circhy R.I. Contact Person: Process Producing Waste: (Print Name) the above named industrial waste disposal site lare that the above information is true and correct.	State: State: For Department Use Only Cate Received: 7
c. 7d. 7d. 8. Was a. b. c. e. I, dec: Sign	Vehicle Registration No.: Driver's Name: Driver's Signature: te Generator: Neme: American Hershir Address: Carcal R. E. Contact Person: Process Producing Waste: (Print Name) the above named industrial waste disposal site lare that the above information is true and correct. mature: Minimizer	State: clephone No.: For Department Use Only Cate Received: 7 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

RHODE ISLAND DEPARTMENT OF HEALTH

INDUSTRIAL HASTE MANIFEST 000277 Industrial Waste Disposal Site Name: American Hackt Site Permit No.: NA Date Accepted: 5/25/28 Date Disposed: 5/25/28 Method: Land fill 1. Waste: es source: American three color, wante al - Print d. Amount: 25 drums e. Number And Types Of Containers: POIL -OFF f. Form (Liquid, Sludge, Gas): g. pH: h. Composition (% By Weight Or Volume): extende 50% ord 50% par 2. Waste Hauler: a. Name: Tour-Away OF R.I. License No.: NA b. Pick-up: Date: 5/25/78 Time: 8:00 Location: County Ac. Driver's Signature: 3. Waste Generator: a. Name: American Horshor b. Address: Coredy R.I. d. Telephone No.: c. Contact Person: e. Process Producing Waste: . . I, The individual of the operator For Department Use Only Date Received: 211/0/ of the above named industrial waste disposal site declare that the above information is true and correct. By: ____ Signature: 1 × Montanto. 000029